



*CRITERIA: A EMS, ambulance or first responder service which had outstanding success in providing year-round community service & in gaining support & involvement of the entire community in its service & educational activities, or which has shown heroic performance on one or more occasion.*

Your Name:	Your EMS Service, if applicable:		
Mailing Address:	Work Telephone:		
	Home Telephone:		
	E-mail Address:		
Relationship, if any, to Nominee (personal, financial, employment):			
<u>Name of Ambulance Service Nominated:</u>	Chief of Ambulance Service:		
Mailing Address:	Work Telephone:		
	Home Telephone:		
	E-mail Address:		
Number of paid personnel:			
Number of volunteer personnel:			
History of service:			
Number of runs during the past 12 months:			
Reason(s) for nomination and how Nominee meets the Award criteria (use second page if needed or attach any documentation to support the nomination, such as photo or newspaper article):			
Your Signature:		Date:	

Please scan and email nomination to: [EMSAwards@alaska.gov](mailto:EMSAwards@alaska.gov) or Fax to (907) 465-4101.